

09-47679

United States Bankruptcy Court _____ Western _____ District of _____ Washington _____		INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle) FRANCISCAN HEALTH SYSTEMS (et al) a/k/a PIERCE COUNTY SUPERIOR COURT #09-2-06127-6		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) MICHELLE M GARZON; WILLIAMS KASTNER & GIBBS, PLLC; MARK GELMAN; KATHERINE M STOLZ; REBECCA KAYE REEDER;	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 1717 S J St Tacoma , WA 98405 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS PIERCE ZIP CODE		MAILING ADDRESS OF DEBTOR (If different from street address) C/O CLERK, 1ST FLOOR 930 TACOMA AVE S TACOMA WA PIERCE ZIP CODE <div style="text-align: right;">98402</div>	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 </div>			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor	Case Number	Date	
Relationship	District	Judge	
ALLEGATIONS (Check applicable boxes) 1. <input type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> COURT USE ONLY <div style="display: flex; justify-content: space-between;"> <div> 2009 OCT 14 PM 3:27 U.S. BANKRUPTCY COURT DISTRICT OF WASHINGTON PACIFIC DIVISION </div> <div> RECEIVED CLERK OF COURT 10/14/09 </div> </div> </div>	

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x
Signature of Petitioner or Representative (State title)
Kenneth Wayne LEAMING / Auth Signatory
Name of Petitioner _____ Date Signed _____
Name & Mailing
Address of Individual 17719 Pacific Ave S #308
Signing in Representative
Capacity Spanaway 87 / Washington

x
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x
Signature of Petitioner or Representative (State title) _____
Name of Petitioner _____ Date Signed _____
Name & Mailing
Address of Individual _____
Signing in Representative
Capacity _____

x
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x
Signature of Petitioner or Representative (State title) _____
Name of Petitioner _____ Date Signed _____
Name & Mailing
Address of Individual _____
Signing in Representative
Capacity _____

x
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner Kenneth Wayne LEAMING	Nature of Claim ADMIRALTY JUDGMENT	Amount of Claim US\$1,500,000,000.00(+)
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims US\$1,500,000,000.00(+)

_____ continuation sheets attached



09-2-06127-6 32255358 NT 08-15-09

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05 June 2009

Case Number: 09-2-06127-6 Date: September 30, 2009
 SerialID: 0D18A783-F20F-6452-D959274B02FAF96C
 Digitally Certified By: Kevin Stock Pierce County Clerk, Washington

Dept. 2
 Note for Motion: N/A
**THE FINAL CONTRACT IS POSTED
 SERVICE**

FILED
 IN COUNTY CLERK'S OFFICE

A.M. JUN 18 2009 P.M.
 PIERCE COUNTY, WASHINGTON
 KEVIN STOCK, County Clerk
 BY: [Signature] DEPUTY

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
 FOR THE COUNTY OF PIERCE**

Case No. 09 2 06127 6

FRANCISCAN HEALTH SYSTEM d/b/a ST CLARE HOSPITAL*Plaintiff(s)/Petitioners*

vs.

KENNETH W. LEAMING*Defendant(s)/Respondent(s)*

***POSTING OF CERTIFICATE OF NON-
 RESPONSE /DEFAULT as to THE
 COUNTERCLAIM(S) IN ADMIRALTY***

**CONTRACT VACATING PRO-TEM COMMISSIONER'S ORDER
 FINDING "FRIVOLOUS LIEN" as to Pierce County auditor's
 file #200812170711**

**Kenneth Wayne LEAMING
IN SPECIAL VISITATION**

Vs.

**Michelle M. Garzon, dba: MICHELLE M GARZON,
 ATTORNEY;
 WILLIAMS KASTNER & Gibbs PLLC;**

Kenneth Wayne
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05 June 2009

**BOND /Sureties underwriting WILLIAMS KASTNER & Gibbs
 PLLC;**

**Mark Gelman a/k/a MARK GELMAN, dba: Commissioner
 GELMAN**

**BOND /Sureties underwriting Mark Gelman a/k/a MARK
 GELMAN, dba: COMMISSIONER GELMAN;**

Katherine M. Stolz, dba: KATHERINE M STOLZ, Dept. 2;

BOND /Sureties underwriting KATHERINE M STOLZ, Dept. 2;

**Rebecca Kaye Reeder , dba: REBECCA KAYE REEDER A/K/A
 PRO-TEM COMMISSIONER REEDER;**

**BOND /Sureties underwriting REBECCA KAYE REEDER A/K/A
 PRO-TEM COMMISSIONER REEDER;**

**FRANCISCAN HEALTH SYSTEMS, d/b/a ST CLARE HOSPITAL
 INDIVIDUALLY AND SEVERALLY**

3rd Party Respondent(s) in Admiralty

FACTS:

Third Party Respondents, each of whom has appeared on the record of the above referenced action, are/were served the Third Party counterclaim on or before 20 March 2009.

Third Party Counterclaimant has received no verified and/or bonded responsive process.

Third Party Respondents have not controverted any fact or claim.

FINAL OPPORTUNITY TO PROVIDE REMEDY /PAYMENT

The Third Party Defendants have had more than 14 calendar days to pay or discharge the Following:

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Pay the Third Party Plaintiff \$100,000.00 (One Hundred Thousand US dollars) as is designated in the counterclaim herein, OR,

Pay all damages as indicated by the counterclaim contained herein with Real Money, Surrender any and all Public Hazard Bonds, other Bonds, Insurance Policies, 801(k), 408(k), 401(k) and the like retirement funds, CAFRA Funds, etc. as needed to satisfy counterclaim herein, ...OR,

Third Party Defendants failed to respond as outlined and are in a condition of Default. The Non Response is a Self Executing Confession of Judgment by all Third Party Defendants, and is the complete agreement with all the statements, terms, and conditions of this contract.

This is a contract in Admiralty. Any officer of the court that interferes or involves him/herself with this claim will be added to this claim and become a Third Party Defendant. All Third Party Defendants are collectively and individually liable for this claim.

The "ORDER(s)" of the Commissioner and "pro-tem" commissioner are hereby vacated.

COUNTERCLAIM CONTRACT

THE FOLLOWING DAMAGES HAVE BEEN ASSESSED

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AGAINST YOU:

Failure to state a claim upon which relief can be granted
\$1,000,000.00 (One Million US Dollars) per count Per Third
Party Defendant.

Failure to respond as outlined herein \$1,000,000.00 (One Million
US Dollars,) per count Per Third Party Defendant.

Default by non response or incomplete response \$1,000,000.00
(One Million Dollars) per count Per Third Party Defendant.

Dishonor In Commerce - \$1,000,000.00 (One Million Dollars) per
count per Third Party Defendant.

BARRATRY - \$1,000,000.00 per each Third Party Defendant
attorney per document appearing to be judicial process which
is not judicial process.

Fraud - \$1,000,000.00 (One Million US Dollars) per count herein.

Racketeering - \$1,000,000.00 (One Million US Dollars) per count
per Third Party Defendant.

Theft of Public Funds -\$1,000,000.00 (One Million US Dollars) per
count per Third Part Defendant.

Failure to pay Counterclaim in full within (30) Thirty
Calendar Days of Default as contained herein.
\$1,000,000.00 (One Million US Dollars), per month,
and interest of 1.5 % per month compounded daily for

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the first (30) Thirty Days from the date of default. After (30) Thirty Days beginning on the (31st) Thirty first Day after Default, the penalties for Failure to pay will increase by \$100,000.00 (One Hundred Thousand Us Dollars Per Day) for each calendar day that this counterclaim is not paid in full, plus interest. After (90) calendar days of the date of Default, the penalties for Failure to Pay Counterclaim will increase by \$1,000,000.00 (One Million US Dollars) per calendar day, that the Counterclaim is not paid in full, plus interest as indicated herein.

All Claims are stated in United States Dollars which means that a US Dollar will be defined, for the purposes of this counterclaim as, a One Ounce Silver coin of 99.999% pure silver, or the equivalent par value as established by law or the exchange rate as set by the US Mint, whichever is the higher amount, for a certified One Ounce Silver Coin (US Silver Dollar) at the time of the first day of default as outlined herein, if the claim is to be paid in Federal Reserve Notes, Federal Reserve notes (or equivalent ledger entries) will only be accepted at Par Value as indicated above.

Total Damages will be assessed as the total amount of the damages as outlined herein times three (3) for a total of all damages as outlined in the items added to three (3) times the damages, for Punitive, or other

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additional damages.

MY WORD IS MY BOND.

I, Kenneth Wayne, certify on my own commercial liability that I have read the above and I have grounds and do know that it is true, correct, and complete, and not misleading, the truth, the whole truth, and nothing but the truth.

Given this day, 05 June, 2009



**Kenneth Wayne LEAMING
 Man, Sovereign, Claimant.**

NOTARY VERIFICATION

I, Tina M Hall, a Notary Public in and for Washington state verify that the above Man is personally known to me or properly identified to me and executed the above signature as his free act and deed.

SERVICE: I have mailed a copy of this instrument to each 3rd Party defendant

Notary Seal and Signature:




TINA M HALL, Notary Public
 Commission expires 05/04/2012.

Kenneth Wayne
 POSTMAILED

05 June 2009

State of Washington, County of Pierce ss: I, Kevin Stock, Clerk of the
aforementioned court do hereby certify that the document
SerialID: 0D18A783-F20F-6452-D959274B02FAF96C containing 6 pages plus
this sheet, is a true and correct copy of the original that is of record in my office
and that this image of the original has been transmitted pursuant to statutory
authority under RCW 5.52.050. In Testimony whereof, I have electronically
certified and attached the Seal of said Court on this date.



Kevin Stock, Pierce County Clerk

By /S/Melissa Engler, Deputy.

Dated: Sep 30, 2009 3:36 PM



Instructions to recipient: If you wish to verify the authenticity of the certified document that was transmitted electronically by the Court, sign on to:
<https://www.co.pierce.wa.us/cfapps/secure/linux/courtfilling/certifieddocumentview.cfm>,
enter SerialID: 0D18A783-F20F-6452-D959274B02FAF96C.
The copy associated with this number will be displayed by the Court.